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RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
E-filing

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name Martinez Erwit
(Last) (First) (Initial)
Prisoner Number BK# 07006914 PEN DVN 097
Institutional Address 885 North SAN PEDRO ST.
SAN JOSE, CALIF, 95110

(PR)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
07-03974

SBA

Erwit Martinez
(Enter the full name of plaintiff in this action.)

vs.

Nurse Practioner Ms. Connie
LAST NAME UNKNOWN AT THIS
Time

Case No. _____
(To be provided by the clerk of court)

**COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
42 U.S.C §§ 1983**

(Enter the full name of the defendant(s) in this action))

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement Santa Clara County Dept of Corrections

B. Is there a grievance procedure in this institution?

YES (X) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (X) NO ()

D. If your answer is YES, list the appeal number and the date and result of the

1 appeal at each level of review. If you did not pursue a certain level of appeal,
2 explain why.

3 1. Informal appeal I Explained To Martinez That
4 Nurse Connie Told "US" She Was Doing "Essential"
5 MED'S ONLY. SHE GAVE US THE NAMES OF THE ~~2. First~~
6 ~~formal level~~ Individuals That She Wanted
7 To Give The Medications To And He Was
8 Not one of Them

9 3. Second formal level _____

10 See Grievance 1 And 2

11 _____
12 4 Third
13 formal level _____
14 _____

15 E. Is the last level to which you appealed the highest level of appeal available to
16 you?

17 YES (✓) NO ()

18 F. If you did not present your claim for review through the grievance procedure,
19 explain why. _____
20 _____
21 _____

22 II. Parties

23 A. Write your name and your present address. Do the same for additional plaintiffs,
24 if any.

25 Erwit Martinez Bk#07006914

26 885 N SAN Pedro St

27 SAN JOSE, CALIF 95110

28 B. Write the full name of each defendant, his or her official position, and his or her

place of employment.

Nurse Practitioner Ms. Connie
Santa Clara County Valley Medical Center
Adult Custody Health Services
150 West Hedding St.
SAN JOSE, CALIF 95110

III.

Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

#1 On July 7th 2007 Nurse
Practitioner Ms. Connie Passed out
Medication To our Unit.

#2 The Plaintiff was aware That
Defendant Nurse Practitioner MS. CONNIE
WAS IN THE LO-A Unit AND
Distributing Medication

#3 The Defendant Nurse Ms. Connie
Refused to give me my medication.
She marked the Log Book That I Refused
To Accept My Medication See Pg cont III-A

IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

The Defendant Nurse Practitioner

COMPLAINT

III

Statement of Claim

- # 4. The Plaintiff Asked For His Medication Just Before The Defendant Left.
- # 5. The Defendant Refused To Stop And Dispense The Plaintiff E. Martinez's Essential Medication.
- # 6. The Defendant is under investigation For Failure To Distribute Other Inmates Prescribed Medication.
- # 7 The Plaintiff IS ON DIALESCIS

III - A

Complaint

IV

A Prayer For Relief cont.

#1 His Medical Needs, IS
INCONSISTENT WITH CONTEMPORARY
STANDARDS OF DECENCY
AND DELIBERATE INDIFFERENCE
TO MR. E. MARTINEZ'S SERIOUS
HEALTH CONDITION.

THE PLAINTIFF IS ASKING FOR
\$300,000. IN PUNITIVE DAMAGES
AND \$300,000— IN COMPENSATORY
DAMAGES

(IV-A)

Complaint

1 Ms. Connie Violated The Plaintiff
2 Eighth Amendment Rights Secured
3 Under The Constitution By Inadvert-
4 ently Failed To Provide Adequate
5 Medical Care To E. Martinez By
6 FAILURE TO Treat (See page cont IV-A)

7 I declare under penalty of perjury that the foregoing is true and correct.

8
9 Signed this 21st day of July, 2007

10
11
12 _____
(Plaintiff's signature)

Main Jail []
Main Jail South []
North County Jail []

SANTA CLARA COUNTY DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

Elmwood []
CCW []
WRC []

INMATE'S NAME: <u>Martinez Ermit</u>	BOOKING NUMBER: <u>0700697</u>	HOUSING UNIT: <u>MJ.6.A#9</u>
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DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC! THIS IS A Grievance AND
LAW SUITE IF IT IS LOST OR MISPLACED THEN
I SHALL CONSIDER THE LOST OR MISPLACEMENT AS
AN EXHAUSTION OF ADMINISTRATIVE REMEDIES
IN THEIR TOTALITY. ALSO I REQUEST THIS
GRIEVANCE BE ISSUED A LOG NUMBER FOR
TRACKING PURPOSES

WHAT SOLUTION ARE YOU RECOMMENDING?:

See page 2 continued

Your Signature Ermit Martinez

Date: 7/8/07 Time: 400AM/PM

(Do NOT write below this line. Use additional sheets if necessary)

Received from Inmate on:

Day: 7-8-07 Date: 07/08/07 Time: 1915 Officer: #1619 Team: C

RESPONDING OFFICER'S STATEMENT (Please print):

[] Resolved [] Refer to Level II

Officer's Name:

Team: Date: / /

SUPERVISOR'S ACTION:

[] Resolved [] Refer to Level III

Supervisor's Name:

Team: Date: / /

SHIFT LIEUTENANT REVIEW: [] Concur [] Reversed

SIGNATURE:

Date: / / Time:

SUPPORT SERVICE RESPONSE: Unit Assigned:

Date Assigned: / /

Date Due: / /

Response by:

Title: Date: / / Time:

FACILITY COMMANDER/DESIGNEE REVIEW: [] Concur [] Reversed

SIGNATURE:

Date: / / Time:

RESPONSE RETURNED TO INMATE: Date: / / Time: By:

Distribution: White-Administration

Canary-Inmate (Final Disposition)

Pink-Inmate (Initial Receipt)

Main Jail ☒
 Main Jail South ☐
 North County Jail ☐

SANTA CLARA COUNTY DEPARTMENT OF CORRECTION
 INMATE GRIEVANCE FORM

Elmwood ☐
 CCW ☐
 WRC ☐

INMATE'S NAME: <u>Eruit Martinez</u>	BOOKING NUMBER: <u>07006974</u>	HOUSING UNIT: <u>6A #9</u>
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DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC!: On 07-07-2007 I was not given my "vital" medication high blood pressure medication, vitamins, anti-depressant during (am) pill call because i was sleeping and im in central mals. I am currently on dialysis because of end-stage renal failure, and all of my meds are critical to my health and well being.

WHAT SOLUTION ARE YOU RECOMMENDING?: That my duly with meds be given to me...

Your Signature: Eruit Martinez Date: 07/07/07 Time: 2 AM/PM
 (Do NOT write below this line. Use additional sheets if necessary)

Received from Inmate on:
 Day: SAT Date: 07/07/07 Time: 1700 Officer: Torres #2128 Team: B

RESPONDING OFFICER'S STATEMENT (Please print): I EXPLAINED TO MARTINEZ THAT NURSE CONNIE TOLD US SHE WAS DOING "ESSENTIAL" MEDS ONLY. SHE GAVE US THE NAMES OF THE INDIVIDUALS THE SHE WANTED TO GIVE THE MEDICATIONS TO AND HE WAS NOT ONE OF THEM.

☒ Resolved ☐ Refer to Level II

Officer's Name: Torres #2128 Team: B Date: 07/07/07

SUPERVISOR'S ACTION:

☐ Resolved ☐ Refer to Level III

Supervisor's Name: _____ Team: _____ Date: ____/____/____

SHIFT LIEUTENANT REVIEW: ☐ Concur ☐ Reversed

SIGNATURE: _____ Date: ____/____/____ Time: _____

SUPPORT SERVICE RESPONSE: Unit Assigned: _____ Date Assigned: ____/____/____
 Date Due: ____/____/____

Response by: _____ Title: _____ Date: ____/____/____ Time: _____

FACILITY COMMANDER/DESIGNEE REVIEW: ☐ Concur ☐ Reversed

SIGNATURE: _____ Date: ____/____/____ Time: _____

RESPONSE RETURNED TO INMATE: Date: ____/____/____ Time: _____ By: _____

Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

Erwin Martinez
SEC Doc MJ 0A22
BK # 07006914
885 N. SAN PEDRO ST.
SAN JOSE, CALIF.
95110-1718

Legal

Mail

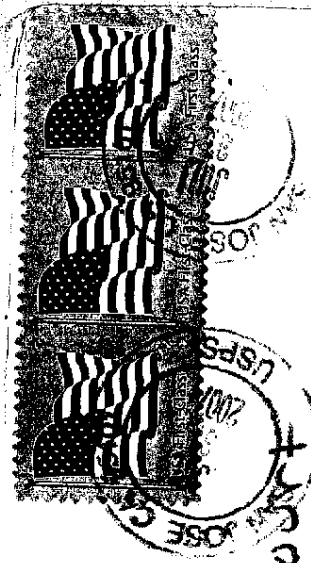


To The Clerk
Of The U.S. Dist. Court
For The Northern Dist. of CALIF.

450 Golden Gate Ave

Box 36060

SAN FRANCISCO, CALIF. 94102



RECEIVED

AUG - 1 2007

RECEIVED IN THE
NORTHERN DISTRICT OF CALIFORNIA